



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,  
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
(478) 207-2440 [Telephone] \* (866) 888-7130 [Fax]  
www.sos.state.ga.us

## MARRIAGE AND FAMILY THERAPIST REQUEST FOR RE-EXAMINATION

### INSTRUCTIONS NO FAXED FORMS ACCEPTED.

- Please print or type.
- Complete this form and submit to the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
- Indicate the date on which you wish to take the MFT Examination.
- Return this form to the address above.

NAME: \_\_\_\_\_  
First Middle Last Maiden

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

☐ Yes ☐ No Have you previously applied to take an examination?

☐ Yes ☐ No Have you changed your **name** since your last application for examination was filed?

If "Yes," please attach a copy of your marriage certificate, divorce decree, court order, etc., so that your record can be corrected.

☐ Yes ☐ No Have you changed your **address** since your last application for examination?

HOME PHONE: ( )

OTHER PHONE: ( )

E-Mail Address: \_\_\_\_\_

\*SOCIAL SECURITY NUMBER: \_\_\_\_\_

\* This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. §19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & U.S.C.A. § 101.

### I WISH TO TAKE THE:

MFT EXAMINATION [THROUGH PES]  
on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant